United Nations A/C.3/72/SR.27

General Assembly
Seventy-second session
Official Records

Distr.: General
24 November 2017

Original: English

Third Committee

Summary record of the 27th meeting
Held at Headquarters, New York, on Monday, 23 October 2017, at 3 p.m.

Chair: Ms. Kaszás (Vice-Chair) ..... (Hungary)

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In the absence of Mr. Gunnarsson, Chair, Ms. Kaszás (Hungary) Vice Chair, took the Chair.

The meeting was called to order at 10 a.m.

Agenda item 72: Promotion and protection of human rights (*continued*) (A/72/40 and A/C.3/72/9)

(b) Human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms (*continued*) (A/72/127, A/72/128, A/72/131, A/72/132, A/72/133, A/72/135, A/72/137, A/72/139, A/72/140, A/72/153, A/72/155, A/72/162, A/72/163, A/72/164, A/72/165, A/72/170, A/72/171, A/72/172, A/72/173, A/72/187, A/72/188, A/72/201, A/72/202, A/72/219, A/72/230, A/72/256, A/72/260, A/72/277, A/72/280, A/72/284, A/72/289, A/72/290, A/72/316, A/72/335, A/72/350, A/72/351, A/72/365, A/72/370, A/72/381, A/72/495, A/72/496, A/72/502, A/72/518, A/72/523 and A/72/540 (to be issued))

(c) Human rights situations and reports of special rapporteurs and representatives (*continued*) (A/72/279, A/72/281, A/72/322, A/72/382, A/72/394, A/72/493, A/72/498, A/C.3/72/2-S/2017/798, A/C.3/72/3-S/2017/799, A/C.3/72/4-S/2017/800, A/C.3/72/5-S/2017/816, A/C.3/72/6-S/2017/817, A/C.3/72/7-S/2017/818, A/C.3/72/8-S/2017/819, A/C.3/72/10-S/2017/852, A/C.3/72/11 and A/C.3/72/13-S/2017/873)

1. **Mr. Heller** (Special Rapporteur on the human rights to safe drinking water and sanitation), introducing his report (A/72/127), said that it complemented his first report, which focused on development cooperation in the water and sanitation sector. The second report examined how funders contributed to the realization of the human rights to water and sanitation. It was based on an empirical analysis of six funders: France, Japan, the European Union, the World Bank, the Inter-American Development Bank and the United Nations Children's Fund (UNICEF).

2. The report introduced the concept of a "human rights development cycle" as an analytical framework for funders to safeguard and implement the human rights to water and sanitation in their development cooperation activities. It examined four stages of the human rights development cycle, namely policy frameworks of funders, operational tools, project selection, design and implementation, and project assessment and monitoring. In addition to the report, he had prepared briefs on the six funders, which had been reviewed by the respective funders and made available online.[1]

3. **Mr. de Souza Monteiro** (Brazil) said that his delegation welcomed the report, in particular the case studies on the World Bank, the Inter-American Development Bank and UNICEF. The operational tools and best practices identified offered opportunities for both donor and recipient countries. His delegation would be interested to know how the discussions of the Third Committee would contribute to the development cooperation agenda in the context of the rights to water and sanitation.

4. **Mr. Forax** (Observer for the European Union) said that, as one of the major international development donors, the European Union was particularly interested in the findings of the report and welcomed the concept of a human rights development cycle. Water and sanitation were key components of the eleventh European Development Fund and various regional programmes. Water, sanitation and hygiene were also mainstreamed into other sectors, including food security and nutrition, agriculture, energy, regional integration, environment, and peace and security. It was essential to adopt a human rights-based approach when outlining international cooperation projects in order to avoid any possible negative impact on human rights.

5. His delegation was pleased that the Special Rapporteur had taken note of the New European Consensus on Development, which recognized that universal access to safe drinking water, sanitation and hygiene was a prerequisite for health and well-being, growth and productivity. In his report, the Special Rapporteur noted the need to achieve behavioural change and raise awareness to ensure transformative development and sustainable water and sanitation projects. His delegation would be interested to know how that could be achieved and what could be done to guarantee the medium and long-term sustainability of projects.

6. **Ms. Bassols** (Spain) said that her country was committed to applying a human rights-based approach to all water and sanitation projects from the outset. The

[1] Available from http://www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/DevelopmentCooperation.aspx.

fifth master plan for development cooperation identified water and sanitation as a strategic and priority sector. Through its cooperation fund for water and sanitation, Spain sought to realize the rights to water and sanitation through concrete programmes and projects. To ensure a human rights-based approach, her Government had, together with civil society organizations, developed criteria and indicators on availability, accessibility, affordability, quality, non-discrimination, participation and access to public information. Projects must be designed and implemented in a transparent manner, with the participation of all interested parties, in particular beneficiaries. There was a need to ensure access to information and build in accountability mechanisms.

7. **Mr. Koehler** (Germany) said that his country was one of the major funders worldwide, and human rights were a guiding principle for German development cooperation. In his report, the Special Rapporteur noted that there were significant gaps in the application of the human rights framework during project implementation; his delegation would be interested to hear more on the root causes of such gaps. Noting that Germany strived to ensure a human rights-based approach to cooperation, he asked the Special Rapporteur to identify best practices that guaranteed the application of the human rights framework to the selection, design and implementation of projects, prioritizing people in vulnerable situations.

8. **Mr. Ishaya Odisho** (Iraq) said that his Government was working with a number of United Nations programmes and agencies to restore stability across Iraq, particularly in areas liberated from the terrorist organization Islamic State in Iraq and the Levant (ISIL). The Ministry of Water Resources was striving to repair damaged irrigation, drinking water and sanitation infrastructure and facilities, exploring ways to make efficient use of water extracted from Iraq's aquifers, and was seeking to identify potential new water sources to meet the needs of the country and ensure that everyone enjoyed access to sufficient quantities of drinking water. The Government was also exploring ways in which solar power could be used to improve the country's water distribution systems and a major sanitation and rainwater infrastructure project was close to completion in Baghdad. Iraq continued to face significant water-related challenges: the country was particularly affected by climate change and global warming; water levels in the Tigris and Euphrates rivers were falling and ISIL terrorists remained in control of a number of irrigation networks and dams.

9. **Ms. Mkhwanazi** (South Africa) said that the growing practice of using human rights as a conditionality for development cooperation was an impediment to the realization of the human rights to water and sanitation. It was regrettable that development cooperation was accompanied by conditionalities. Her delegation continued to advocate an approach based on the right to development, which would contribute significantly to the attainment of the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights. Her delegation would appreciate more information on how best to harness and strengthen the involvement of the corporate sector in working with States to fund water and sanitation projects.

10. **Ms. Wagner** (Switzerland) said that her delegation welcomed the report, in particular the emphasis on the need to ensure the participation of women and disadvantaged groups, and establish participatory processes between funders and beneficiaries at the level of project implementation. In that connection, her delegation would be interested to know what role water supply services, local authorities, the private sector and civil society should play. Noting that applying a human rights-based approach to development cooperation would involve a greater emphasis on providing services for populations in dispersed rural communities and peri-urban areas, she asked what funders could do to contribute to the introduction of a sustainable financing strategy for such communities. Her delegation would also be interested to know how the Special Rapporteur planned to mainstream the integrated water resources management approach into his work.

11. **Ms. Rasheed** (Maldives) said that access to drinking water and sanitation, which was essential for public health and well-being, was a fundamental right. Women must be able to participate actively in decision-making processes concerning the provision of safe drinking water and sanitation. Maldives was committed to providing universal, equitable and sustainable access to water and sanitation. The Constitution guaranteed the right of every citizen to clean water and the establishment of a sewage system on every inhabited island. Over 40 per cent of the population had access to a safe water supply and were connected to sewage systems. However, as a small island developing State, ensuring access to drinking water and sanitation presented a considerable challenge. Her delegation would be grateful if the

Special Rapporteur could elaborate on ways to establish affordable and sustainable drinking water and sanitation mechanisms in small island developing States.

12. **Mr. Sandberg** (Norway), highlighting paragraph 51 of the report, said that both funders and partner States must ensure that interventions were structured and targeted, and determine who would benefit and whether anyone would be left behind. While the report provided pertinent guidance on how project design and monitoring, a gender approach and stakeholder participation could help to prioritize people in the most vulnerable situations, his delegation believed that the human rights development cycle should apply not only to funders but also to partner States, which were ultimately responsible for providing services to their populations. The Special Rapporteur should also provide guidance on how the human rights to safe water and sanitation could be safeguarded during humanitarian crises. Meeting immediate humanitarian needs was different from supporting long-term development, but the human rights to safe water and sanitation should be met in both cases.

13. **Ms. Petit** (France) said that a regulatory framework was essential for States to ensure the universal implementation of the rights to drinking water and sanitation with respect for human rights. The role of regulation was all the more important in light of the increasing constraints on limited and unequally distributed water resources, rapid population growth, growing demand and climate disruption. Public governance of water and sanitation services was necessary in order to implement the 2030 Agenda for Sustainable Development, and it should be established by broad consultation at the national and local levels between public and private actors. In addition, global governance of water should be enhanced to ensure that the targets of the 2030 Agenda relating to water would be met. Her delegation wished to know how the mandate of the Special Rapporteur could contribute to the achievement of the Sustainable Development Goals, and of Goal 6 in particular.

14. **Ms. Mortaji** (Morocco) said that her country had made efforts to promote the fundamental rights to water and sanitation, and its constitution reaffirmed the connection between those rights and universally recognized human rights. In that regard Morocco cooperated with international financial and parliamentary institutions as well as State partners, which provided important financial and technical support. The Government had established a new ministry in 2013 to strengthen the governance of water resources, subsequently attaining near-universal access to water for rural populations, and had a partnership with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) to incorporate gender perspectives into the relevant work.

15. As the report of the Special Rapporteur noted, a large variety of operational tools could be used for completing projects, but they incorporated human rights elements to varying degrees of effectiveness. Such tools should be adaptable so as to maximize the implementation of fundamental rights. Her delegation wished to know whether local stakeholders had been engaged during the formulation of the procedural manuals, as doing so would ensure that regional socioeconomic specificities were taken into account and that the fundamental rights to water and sanitation were better protected.

16. **Mr. Heller** (Special Rapporteur on the human rights to safe drinking water and sanitation) said that he wished to make two general points. First, development cooperation was essential for achieving Sustainable Development Goal 6, in particular targets 6.1 and 6.2. The targets were ambitious and without effective development cooperation, it would be difficult for some States to achieve them. In addition, development cooperation must be aligned with the human rights framework in order to achieve the Goals.

17. Second, while carrying out the case studies, he had identified a number of gaps; they were not specific to the six selected funders and could also apply to other funders. Some funders had good policies that recognized the human rights to water and sanitation, but there were implementation gaps on the ground. Others did not mention human rights in their policies, resulting in considerable implementation gaps. Others still did not have a specific water and sanitation policy; instead, water and sanitation were subsumed into other areas such as climate change, agriculture, food or health. That hampered the realization of the human rights to water and sanitation because some of those areas did not include explicit human rights commitments.

18. Turning to the questions from Member States, he agreed that the human rights development cycle was partially applicable to partner States. Parts of the cycle could not be aligned with human rights without the participation of partner States; however, the cycle also looked at the policies and operational tools of funders.

The Third Committee had a key role to play in bridging the gap between the Goals and human rights. The Committee was an important forum for discussing ways to better align development cooperation with human rights in order to meet the international commitments of funders.

19. It was difficult to identify the root causes of gaps in the application of the human rights framework. Most funders had their own agendas and did not prioritize the human rights framework. Applying the framework was time-consuming and required planning, whereas many funders simply wanted to disburse funds quickly. That meant that they did not take the time to reflect on how best to include marginalized communities and improve participatory processes.

20. Development cooperation must be aligned with human rights, which was not necessarily the same as attaching conditionalities. The participation of local authorities and civil society was an effective way of reinforcing the alignment of development cooperation with the human rights framework and should be supported.

21. **Ms. Farha** (Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context), reviewing the issues addressed in her report to the Human Rights Council on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context (A/HRC/34/51), said that she had launched a new global movement — The Shift — to urge States to commit to curbing the financialization and commodification of housing, and was now working with a wide range of partners and networks to follow up on the recommendations made in the report.

22. Introducing her report to the General Assembly on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context (A/72/128), she said that around the world, persons with physical, psychosocial or intellectual disabilities, who were a marginalized group, were commonly homeless, institutionalized, or subjected to neglect, abuse, violence and discrimination. The deplorable conditions of life for many persons with disabilities in cities, on the streets, in institutions and in prisons were unimaginably cruel, stigmatizing, undignified and heart-wrenching, and demanded immediate action. She urged delegations to visit the relevant institutions in their respective countries to see and understand for themselves the gravity of the situation. While the international community had not yet said much about it, there was a rich body of international human rights law from which a rights-based approach to the housing of persons with disabilities could be formulated.

23. Several of the core principles set out in the Convention on the Rights of Persons with Disabilities and the International Covenant on Economic, Social and Cultural Rights should be combined and applied together in addressing the issues. Those principles included dignity, autonomy and freedom to choose; the right to non-discrimination and equality; the right to accessibility for persons with disabilities as a wide-ranging and expansive right; the right to participate in the implementation of legislation, policy or other decisions; and the right to access justice in all stages of legal proceedings. States must ensure the equal enjoyment of the right to adequate housing. They also needed to address both systemic and individual dimensions when responding to the human rights claims of persons with disabilities. In view of the commitments made in the context of the 2030 Agenda, States, private actors and the human rights community needed to do much more to ensure the right to housing for persons with disabilities.

24. It was clear that a fundamental shift in the way States and other actors interacted with persons with disabilities was necessary. She had proposed several recommendations in her report to that end, and looked forward to engaging with States to design appropriate strategies to fulfil their binding human rights obligations.

25. **Mr. de Souza Monteiro** (Brazil) said that it was crucial to ensure the full and equitable enjoyment of human rights by all persons with disabilities, the majority of whom lived in urban areas, and that cities needed to provide opportunities and accessibility. In Brazil, persons with disabilities were prioritized for funding for social housing under the My House, My Life Programme, and all homes resulting from the Programme were adaptable to allow for modifications for persons with disabilities. Cultural changes concerning the perception of disability were essential in order to achieve success in disability-inclusive policies.

26. **Ms. Al-Nussairy** (Iraq) said that her Government had adopted a social development vision that was in line with Sustainable Development Goal 11, on sustainable cities and communities, while Iraq's

national housing policy provided guidelines for the construction of new housing complexes and for road and bridge construction and repair projects in governorates that had suffered significant damage as a result of actions by terrorist groups.

27. Population growth, coupled with the migration of internally displaced persons to Baghdad and other safe areas meant that there was a shortage of decent housing in many parts of the country, and many adult children had no choice but to continue to live with their families in overcrowded conditions, even after they married. To help address that challenge, the Iraqi Government had launched a number of initiatives, including a programme to help Iraqis on low incomes to buy their own homes, in accordance with which the Government paid 50 per cent of the asking price of the property and the buyer paid off the remaining 50 per cent in monthly instalments. The Government was also building specially designed housing units for persons with disabilities. She called on the international community to provide additional financial resources to facilitate efforts by the Iraqi Government to rebuild areas of the country recently liberated from ISIL. She asked whether there were any innovative strategies that States should adopt to facilitate the construction of affordable high-quality prefabricated housing, and suggested that any such strategies could be highlighted in future reports.

28. **Ms. Mkhwanazi** (South Africa) said that her Government took a human-centred approach to ensuring access to adequate housing. It was responsive to the needs of persons with disabilities and also addressed the right to non-discrimination. The Constitution set out the universal right to access to adequate housing and required the State to take reasonable measures with its available resources to progressively realize that right. Her Government firmly advocated for the justiciability of the right.

29. Her delegation was of the view that the assessment made by the Special Rapporteur in her report concerning deinstitutionalization in South Africa should have given due regard to the ongoing processes to ensure the restoration of justice. It was an issue of quasi-judicial mechanisms and the competency of the jurist handling it should be respected.

30. Although her delegation supported collaboration among the special procedures of the Human Rights Council, the issue of mental health facilities and institutions for persons with disabilities could better be dealt with by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

31. Her delegation would appreciate information on the role that the corporate sector could play in realizing the right to adequate housing, particularly in areas in which it operated.

32. **Mr. Aseel** (Maldives) said that the Constitution unequivocally asserted the full and effective enjoyment of all human rights, including the right to adequate housing, by persons with disabilities. Regulations under the Disability Act of 2010 ensured that persons with disabilities would have better access to social housing; projects completed in that context would also be accessible, safe and secure for those persons.

33. States and stakeholders needed to fundamentally shift their thinking about persons with disabilities, and persons with disabilities and organizations representing them needed to be able to participate in all areas of housing policy and design.

34. **Mr. Forax** (Observer for the European Union) said that for the European Union, it was essential to combat discrimination and achieve equality in the enjoyment of rights and to improve reasonable accommodation solutions and preventive accessibility measures.

35. His delegation would welcome further information regarding good examples and tools for the reliable collection of data on multiple and intersecting forms of discrimination and other barriers to the enjoyment of the right to adequate housing. He also asked the Special Rapporteur to elaborate on how a better focus on human rights could bring about change in the context of the Convention on the Rights of Persons with Disabilities, the 2030 Agenda and the New Urban Agenda.

36. **Ms. Rasheed** (Observer for the State of Palestine) said that the right to adequate housing and the right to non-discrimination in that context had been violently and brutally violated over the previous 50 years of Israel's occupation, due to the occupying Power's continued pursuit of its colonization of the Occupied Palestinian Territory. Those actions had continued unabated even though the United Nations, including the Security Council, had declared Israeli settlements to be illegal and repeatedly called on Israel to end their construction and expansion. The increased pace of settlement activities in 2017 was accompanied by further home demolitions and the forcible displacement of thousands of Palestinian families.

37. Her delegation asked the Special Rapporteur to share the latest information she might have on home demolitions, and provide recommendations regarding what measures the members of the international community should take, collectively or individually, to put an end to those demolitions.

38. **Ms. Farha** (Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context), responding to the questions and comments from delegations, said that in view of the fact that much of the world had been built by able-bodied people for able-bodied people, ensuring the right to adequate housing for persons with disabilities was a rather daunting task. It was indeed necessary to start creating laws, policies and buildings in a way that actually met the diverse needs of persons with disabilities. The New Urban Agenda and the Sustainable Development Goals had provided a good basis for progress towards the necessary cultural changes. Noting the reference in her report to the measures taken by Brazil, she proposed the possibility of extending to the private sector the provision on publicly funded housing so that a certain percentage of private-sector new housing construction would be specifically designated to meet the needs of persons with disabilities.

39. On the issue of housing availability in certain parts of a country, she said that housing should meet the needs of people wherever they were. Natural disasters as well as conflict, post-conflict or refugee and migrant situations had an incredibly detrimental impact on persons with disabilities, and States were not responsive enough to that population and its needs.

40. She had long admired the work of South Africa in terms of the justiciability of the right to adequate housing and social and economic rights, and often made reference to its case law, particularly with respect to the standard of reasonableness.

41. States and sub-national level Governments needed to work with the private and corporate sectors to ensure that human rights obligations concerning adequate housing and persons with disabilities were met. More regulations could be encouraged in that regard.

42. On the question of data collection, she was disappointed to learn that the Washington Group on Disability Statistics had not yet begun collecting statistics directly applicable to housing. Following consultations with other Special Rapporteurs and colleagues, there was an understanding that the Group was the proper body to make progress in that area and was capable of doing so, and she had made recommendations to that effect in her report.

43. In order to achieve target 11.1 of Sustainable Development Goal 11 it would be necessary to eradicate homelessness by 2030. The commitments made by States in the context of the Goals must be taken very seriously. States needed to take a human rights-based approach to their housing strategies. International human rights law made it clear that States were accountable to the people, especially those most in need, and such an approach would be beneficial for accountability. The rights-based approach to housing also had certain characteristics, such as concrete and measurable timelines and goals to be incorporated, ensuring equality and non-discrimination of persons with disabilities, and the participation of people in need in every aspect — from development to implementation — of housing strategies. Governments must set up mechanisms to demonstrate that they were keeping their promises, and mechanisms by which people who felt they had been denied adequate housing could claim their rights. The New Urban Agenda and the Sustainable Development Goals, particularly Goal 11, were a good opportunity to make progress in that area.

44. Her views on home demolitions were clear. Demolitions and forced evictions of their residents were gross violations of international human rights law, regardless of the State in which they occurred. Forced evictions were permissible only in certain very exceptional circumstances, and they must be carried out in very strict accordance with the relevant protocols of international human rights law. Her work and the work of others who had held the mandate covered that issue in detail.

45. **Mr. Pūras** (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health), introducing his report (A/72/137), said that the report focused on the links between corruption and the enjoyment of the right to the highest attainable standard of health. Corruption was understood not only in the sense of violation of the law, but also as practices which undermined principles of medical ethics and social justice, and as effective and transparent health-care provision. He elaborated in the report on the mental health sector, which he considered particularly affected

by corrupt practices, and reviewed three main areas in that field using the framework of institutional corruption: the development and promotion of diagnostic categories for mental health conditions, psychotropic drug research and clinical practice guidelines.

46. Health-care systems should be effective, transparent and accountable, with a focus on primary health care and health promotion, and should be ready to address imbalances and power asymmetries within and beyond health-care systems in all decisions aimed at reaching universal health coverage. States should ensure that the health sector was firmly grounded on three basic human rights principles: participation of the population in all actions aimed at combating corruption in health; transparency, especially in determining the allocation of funding; and accountability. He emphasized the need to ensure that effective mechanisms, procedures and remedies were available to rights holders to address situations where corruption led to a violation of the right to health.

47. **Ms. Lėkaitė** (Lithuania) asked what measures Member States and international organizations could take to ensure that mental health policies were driven by non-biased evidence and a human rights-based approach.

48. **Ms. Mkhwanazi** (South Africa) said that her delegation wished to know how the Special Rapporteur would use his mandate to advocate the justiciability of economic, social and cultural rights, including the right to health.

49. **Ms. Fernández** (Cuba) asked the Special Rapporteur whether he agreed that to some extent private health-care systems in many countries were a breeding ground for corruption, given that they treated health care as a commodity and seriously limited access to health care.

50. **Mr. Forax** (Observer for the European Union) requested additional examples of gender inequality in relation to health and asked how broader gender-sensitive policies could be used to address that inequality. In addition, he wondered what changes could be made to mental health education, research and practices to end corruption in mental health-care settings and promote respect for human rights. Lastly, he asked for examples of best practices involving the participation of stakeholders in health-care decision-making at the national level.

51. **Ms. Krisnamurthi** (Indonesia) said that Indonesia had implemented several programmes to promote the right to health for all and had welcomed the visit of the Special Rapporteur in March 2017. Preventive measures were among the most effective means of countering corruption in health-care systems and should therefore be strengthened at all levels in the public and private sectors. As a sponsor of Human Rights Council resolution 23/9 on the negative impact of corruption on the enjoyment of human rights, Indonesia adhered to the highest standards of good governance, the rule of law, and the promotion and protection of human rights and fundamental freedoms. She asked for examples of best practices through which international cooperation could help to combat corruption in the health system.

52. **Mr. Aseel** (Maldives) said that it was expensive to provide services like health care to the population of 340,000 scattered across the 188 inhabited islands of the Maldives. The Government had nevertheless adopted a human rights approach to health care to ensure that no one, and no island, was left behind. The health-care policy was particularly focused on providing women easier access to health care and guaranteeing access on each island to doctors, sea ambulances and pharmacies. Given the logistical challenges faced by Member States in providing quality health care to remote islands, he asked the Special Rapporteur to devote a future report to access to primary and tertiary health care services in geographically dispersed countries.

53. **Mr. Pūras** (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health) said that the questions attested to the serious attention which Member States paid to the right to health, especially in the context of the 2030 Agenda for Sustainable Development. The international community must make concerted efforts to ensure that corruption, which came in many harmful forms, did not hinder the achievement of the Sustainable Development Goals, not least Goal 3.

54. Although mental health had finally become a major health priority in the twenty-first century, it threatened to be undermined by a lack of transparency. He advocated the normative framework of the right to health, developed by previous incumbents of his role, as an effective human-rights-based approach to all practices, policies and services related to mental health. Over the previous 20 years, the approach of

relying on promising developments in brain research had been overly simplistic and failed to take into account underlying social determinants of health. For example, women who suffered domestic violence had in the past sometimes been prescribed medication for depression. Global awareness was now sufficiently developed to offer alternative treatments to medicine such as psychosocial support. Indeed, overmedicalization had been referred to as an ineffective and potentially harmful investment in resolution A/HRC/35/L.18/Rev.1 adopted by the Human Rights Council in 2016.

55. Primary care played a crucial role in the promotion of the justiciability of the right to health. Even though 60 to 80 per cent of common cases could be handled by primary care physicians, many people preferred to see specialists. Encouraging the public to visit primary care physicians rather than specialists would save resources, increase the transparency of the system and boost public participation by bringing communities into closer contact with their local health-care staff. During his visits to Indonesia and Armenia, he had been able to see how committed the health-care professionals and Governments of both countries were to achieving the Sustainable Development Goals and effective health-care services. Despite the vast size of Indonesia, the country was making outstanding progress towards achieving universal health coverage by 2019.

56. He had recommended in his 2017 report to the Human Rights Council (A/HRC/35/21) that Member States should consider offering international assistance to poorer countries not only through direct medical interventions and the construction of new hospitals, but also through the development of community-based health care, including psychosocial care and services for so-called mild conditions like anxiety. Community nurses could therefore be trained to provide local support and carry out many simple and inexpensive psychosocial interventions for mental health conditions, reducing the need for highly trained mental health professionals.

57. The public and private sectors must work in harmony if a country's health-care system was to be effective. Governments should thus do their utmost to monitor both the private sector and the public sector to root out corruption.

The meeting rose at 5.15 p.m.